



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

February 4, 2003

Ms. Kate West
Leon County
Division of Housing & Human Services
918 Railroad Avenue
Tallahassee FL 32310

Dear Ms. Kate West:

The Agency for Health Care Administration currently provides your county with certain information for purposes of county financial participation in the Medicaid program as provided for by Section 409.915, Florida Statutes (2002).

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Agency is required to safeguard the privacy of such information. Enclosed is a data sharing agreement outlining the permitted uses and disclosures of the information the Agency shares with you. If you have any questions concerning the agreement, please contact me at (850) 488-2734. Please sign the agreement and return it to the address listed below before February 25, 2003.

David R. Herman, Privacy Officer
2727 Mahan Drive, MS #1
Tallahassee, FL 32308

Thank you for your anticipated cooperation.

Respectfully,

David R. Herman
Privacy Officer

